

Christopher Wossilek
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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

Lehman Brothers Holdings INC., et al,)	Case No.: 08-13555 (SCC)
Debtors.)	(Jointly Administered)
)	Docket #61013, #60986, #60984, #61197 and
)	#61168
)	
)	
)	


SUGGESTION OF DEATH UNDER THE RECORD and MOTION TO
STAY THE MATTER

SUGGESTION OF DEATH UPON THE RECORD, Brother and Co-Plaintiff for Phillip Wossilek in the above-referenced actions gives notice and suggests upon the record, pursuant to Rule 25(a)(1) of the Federal Rules of Civil Procedure, Christopher Wossilek announces the death of Phillip Wossilek, a plaintiff in this action. Phillip Wossilek passed away on September 22, 2021. His Death Certificate is attached as Exhibit A.

A 90-day temporary stay of the matter is requested to allow probate court and the Estate to properly identify a representative to substitute Phillip Wossilek. The 90-day temporary stay reflects the amount of time allowed to secure a proper representative to represent the Phillip Wossilek Estate under Rule 25(a)(1). A Motion for Substitution is forthcoming pursuant to Rule 25(a)(1).

Respectfully Submitted,

Dated this 17th day of October, 2021



Christopher P. Wossilek
10687 Addison Ct
Highlands Ranch, CO 80126

EXHIBIT A

STATE OF COLORADO									
CERTIFICATION OF VITAL RECORD									
CERTIFICATE OF DEATH					STATE FILE NUMBER 1052021033432				
DECEDENT'S LEGAL NAME PHILLIP WOSSILEK					DATE OF DEATH SEPTEMBER 22, 2021				
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 53	UNDER 1 YEAR Months Days Hours Minutes		UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 29, 1968	BIRTHPLACE (State or Foreign Country) OHIO		
IF DEATH OCCURRED IN HOSPITAL INPATIENT					IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (If not institution, give street & number) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY					CITY, TOWN OR LOCATION OF DEATH AURORA		COUNTY OF DEATH ADAMS		
RESIDENCE - STREET AND NUMBER 6833 S HARVEST COURT					APT. NO. [REDACTED]		ZIP CODE 80016	INSIDE CITY LIMITS YES	
RESIDENCE STATE COLORADO					COUNTY ARAPAHOE		CITY OR TOWN AURORA		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) DIRECTOR					KIND OF BUSINESS/INDUSTRY TELECOMMUNICATIONS		DECEDENT'S EDUCATION BACHELOR'S DEGREE		
DECEDENT OF HISPANIC ORIGIN NO					DECEDENT'S RACE White				
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH MARRIED			SPOUSE/PARTNER NAME (If wife give name prior to first marriage) KRISTIN L MORGAN				
FATHER'S NAME CHARLES FRANK WOSSILEK					MOTHER'S NAME PRIOR TO FIRST MARRIAGE JEAN A. NEWELL				
INFORMANT'S NAME KRISTIN WOSSILEK					INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE				
NAME OF FUNERAL HOME NEWCOMER CREMATIONS AND FUNERAL - EAST METRO					CITY AND STATE OF FUNERAL HOME AURORA COLORADO			WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FUNERAL DIRECTOR'S SERVICE LLC				LOCATION- CITY, COUNTY, STATE DENVER DENVER COLORADO			
INJURY AT WORK		IF TRANSPORTATION RELATED, SPECIFY			DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY									
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)									
DESCRIBE HOW INJURY OCCURRED									
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 21:04 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) SEPTEMBER 22, 2021		TIME PRONOUNCED DEAD 21:04 MIL			
MANNER OF DEATH NATURAL				WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			
CAUSE OF DEATH									
PART I		Enter the chain of events - diseases, injuries, or complications that directly caused the death.					Approximate interval: Onset to death		
a		[REDACTED]					1 WEEK		
b		[REDACTED]					1 WEEK		
c		[REDACTED]					4 WEEKS		
d		[REDACTED]					5 WEEKS		
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I SEVERE GASTROINTESTINAL HEMORRHAGE REQUIRING MASSIVE TRANSFUSION, CLOSTRIDIUM DIFFICILE COLITIS									
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN MUHAMMAD AFTAB DR 12605 E 16TH AVENUE AURORA CO 80045						DATE SIGNED SEPTEMBER 23, 2021			
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER						DATE SIGNED			
DATE FILED BY REGISTRAR SEPTEMBER 29, 2021									

DATE ISSUED SEPTEMBER 29, 2021

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A. Alex Quintana
STATE REGISTRAR

010794632